

AMENDED IN ASSEMBLY AUGUST 17, 2015

AMENDED IN ASSEMBLY JULY 8, 2015

AMENDED IN SENATE MAY 20, 2015

AMENDED IN SENATE APRIL 20, 2015

SENATE BILL

No. 518

**Introduced by Senator Leno
(Coauthor: Senator Hancock)**

February 26, 2015

An act to amend Section 13963.1 of, and to add ~~Sections~~ *Section* 13963.2 and 13963.3 to, the Government Code, relating to victims of violent crimes.

LEGISLATIVE COUNSEL'S DIGEST

SB 518, as amended, Leno. Victims of violent crimes: trauma recovery centers.

Existing law requires the California Victim Compensation and Government Claims Board to administer a program to assist state residents to obtain compensation for their pecuniary losses suffered as a direct result of criminal acts. Payment is made under these provisions from the Restitution Fund, which is continuously appropriated to the board for these purposes. Existing law requires the California Victim Compensation and Government Claims Board to administer a program to evaluate applications and award grants to trauma recovery centers funded by moneys in the Restitution Fund.

This bill would make legislative findings and recognize the Trauma Recovery Center at San Francisco General Hospital, University of California, San Francisco, as the State Pilot Trauma Recovery Center (State Pilot TRC). The bill would require the board to use the

evidence-based Integrated Trauma Recovery Services model developed by the State Pilot TRC when it provides grants to trauma recovery centers. ~~This bill would also require the board, upon appropriation of funds from the Victim Restitution Fund by the Legislature, to enter into an interagency agreement with the Trauma Recovery Center of the University of California, San Francisco, to establish the State Pilot TRC as the State of California's Trauma Recovery Center of Excellence (TR-COE). The agreement provided for in this bill would require the TR-COE to support the board by defining the core elements of the evidence-based practice and providing training materials, technical assistance, and ongoing consultation and programming to the board and to each center to enable the grantees to replicate the evidence-based approach.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. (a) The Legislature finds and declares all of the
- 2 following:
- 3 (1) Victims of violent crime may benefit from access to
- 4 structured programs of practical and emotional support. Research
- 5 shows that evidence-based trauma recovery approaches are more
- 6 effective, at a lesser cost, than customary fee-for-service programs.
- 7 State-of-the-art fee-for-service funding increasingly emphasizes
- 8 funding best practices, established through research, that can be
- 9 varied but have specific core elements that remain constant from
- 10 grantee to grantee. The public benefits when government agencies
- 11 and grantees collaborate with institutions with expertise in
- 12 establishing and conducting evidence-based services.
- 13 (2) The Trauma Recovery Center at San Francisco General
- 14 Hospital, University of California, San Francisco (UCSF TRC),
- 15 is an award-winning, nationally recognized program created in
- 16 2001 in partnership with the California Victim Compensation and
- 17 Government Claims Board. The UCSF TRC is hereby recognized
- 18 as the State Pilot ~~Project~~ Trauma Recovery Center (State Pilot
- 19 TRC). The State Pilot TRC was established by the Legislature as
- 20 a four-year demonstration project to develop and test a
- 21 comprehensive model of care as an alternative to fee-for-service

care reimbursed by victim restitution funds. It was designed to increase access for crime victims to these funds.

(3) The results of this four-year demonstration project have established that the State Pilot TRC model was both clinically effective and cost effective when compared to customary fee-for-service care. Seventy-seven percent of victims receiving trauma recovery center services engaged in mental health treatment, compared to 34 percent receiving customary care. The State Pilot TRC model increased the rate by which sexual assault victims received mental health services from 6 percent to 71 percent, successfully linked 53 percent to legal services, 40 percent to vocational services, and 31 percent to safer and more permanent housing. Trauma recovery center services cost 34 percent less than customary care.

(b) The Legislature further finds and declares ~~all of the following: that systematic training, technical assistance, and ongoing standardized program evaluations are needed to ensure that all new state-funded trauma recovery centers are evidence based, accountable, and clinically effective and cost effective.~~

~~(1) Systematic training, technical assistance, and ongoing standardized program evaluations are needed to ensure that all new state-funded trauma recovery centers are evidence-based, accountable, and clinically effective and cost effective.~~

~~(2) By creating a Trauma Recovery Center of Excellence (TR-COE), it is the intent of the Legislature that these services will be delivered in a clinically effective and cost-effective manner, and that victims of crime in California will have increased access to needed services.~~

SEC. 2. Section 13963.1 of the Government Code is amended to read:

13963.1. (a) The Legislature finds and declares all of the following:

(1) Without treatment, approximately 50 percent of people who survive a traumatic, violent injury experience lasting or extended psychological or social difficulties. Untreated psychological trauma often has severe economic consequences, including overuse of costly medical services, loss of income, failure to return to gainful employment, loss of medical insurance, and loss of stable housing.

(2) Victims of crime should receive timely and effective mental health treatment.

1 (3) The board shall administer a program to evaluate applications
2 and award grants to trauma recovery centers.

3 (b) The board shall award a grant only to a trauma recovery
4 center that meets all of the following criteria:

5 (1) The trauma recovery center demonstrates that it serves as a
6 community resource by providing services, including, but not
7 limited to, making presentations and providing training to law
8 enforcement, community-based agencies, and other health care
9 providers on the identification and effects of violent crime.

10 (2) Any other related criteria required by the board.

11 (3) The trauma recovery center uses the core elements
12 established in ~~Sections 13963.2 and 13963.3~~. *Section 13963.2*.

13 (c) It is the intent of the Legislature to provide an annual
14 appropriation of two million dollars (\$2,000,000) per year. All
15 grants awarded by the board shall be funded only from the
16 Restitution Fund.

17 (d) The board may award a grant providing funding for up to a
18 maximum period of three years. Any portion of a grant that a
19 trauma recovery center does not use within the specified grant
20 period shall revert to the Restitution Fund. The board may award
21 consecutive grants to a trauma recovery center to prevent a lapse
22 in funding. The board shall not award a trauma recovery center
23 more than one grant for any period of time.

24 (e) The board, when considering grant applications, shall give
25 preference to a trauma recovery center that conducts outreach to,
26 and serves, both of the following:

27 (1) Crime victims who typically are unable to access traditional
28 services, including, but not limited to, victims who are homeless,
29 chronically mentally ill, of diverse ethnicity, members of immigrant
30 and refugee groups, disabled, who have severe trauma-related
31 symptoms or complex psychological issues, or juvenile victims,
32 including minors who have had contact with the juvenile
33 dependency or justice system.

34 (2) Victims of a wide range of crimes, including, but not limited
35 to, victims of sexual assault, domestic violence, physical assault,
36 shooting, stabbing, and vehicular assault, and family members of
37 homicide victims.

38 (f) The trauma recovery center sites shall be selected by the
39 board through a well-defined selection process that takes into

1 account the rate of crime and geographic distribution to serve the
2 greatest number of victims.

3 (g) A trauma recovery center that is awarded a grant shall do
4 both of the following:

5 (1) Report to the board annually on how grant funds were spent,
6 how many clients were served (counting an individual client who
7 receives multiple services only once), units of service, staff
8 productivity, treatment outcomes, and patient flow throughout
9 both the clinical and evaluation components of service.

10 (2) In compliance with federal statutes and rules governing
11 federal matching funds for victims' services, each center shall
12 submit any forms and data requested by the board to allow the
13 board to receive the 60 percent federal matching funds for eligible
14 victim services and allowable expenses.

15 (h) For purposes of this section, a trauma recovery center
16 provides, including, but not limited to, all of the following
17 resources, treatments, and recovery services to crime victims:

18 (1) Mental health services.

19 (2) Assertive community-based outreach and clinical case
20 management.

21 (3) Coordination of care among medical and mental health care
22 providers, law enforcement agencies, and other social services.

23 (4) Services to family members and loved ones of homicide
24 victims.

25 (5) A multidisciplinary staff of clinicians that includes
26 psychiatrists, psychologists, social workers, case managers, and
27 peer counselors.

28 SEC. 3. Section 13963.2 is added to the Government Code, to
29 read:

30 13963.2. The Trauma Recovery Center at the San Francisco
31 General Hospital, University of California, San Francisco is
32 recognized as the State Pilot-~~Program~~ Trauma Recovery Center
33 (State Pilot TRC). The California Victim Compensation and
34 Government Claims Board shall use the evidence-based Integrated
35 Trauma Recovery Services (ITRS) model developed by the State
36 Pilot TRC when it selects, establishes, and implements trauma
37 recovery centers pursuant to Section 13963.1. In replicating
38 programs funded by the California Victim Compensation and
39 Government Claims Board, the ITRS can be modified to adapt to

1 different populations, but it shall include the following core
2 elements:

3 (a) Provide outreach and services to crime victims who typically
4 are unable to access traditional services, including, but not limited
5 to, victims who are homeless, chronically mentally ill, of diverse
6 ethnicity, members of immigrant and refugee groups, disabled,
7 who have severe trauma-related symptoms or complex
8 psychological issues, or juvenile victims, including minors who
9 have had contact with the juvenile dependency or justice system.

10 (b) Victims of a wide range of crimes, including, but not limited
11 to, victims of sexual assault, domestic violence, physical assault,
12 shooting, stabbing, and vehicular assault, human trafficking, and
13 family members of homicide victims.

14 (c) A structured evidence-based program of mental health and
15 support services provided to victims of violent crimes or family
16 members of homicide victims that includes crisis intervention,
17 individual and group treatment, medication management, substance
18 abuse treatment, case management, and assertive outreach. This
19 care shall be provided in a manner that increases access to services
20 and removes barriers to care for victims of violent crime. This
21 includes providing services in the client's home, in the community,
22 or other locations outside the agency.

23 (d) Staff shall include a multidisciplinary team of integrated
24 trauma specialists that includes psychiatrists, psychologists, and
25 social workers. The integrated trauma specialist shall be a licensed
26 clinician, or a supervised clinician engaged in completion of the
27 applicable licensure process. Clinical supervision and other
28 supports are provided to staff on a weekly basis to ensure the
29 highest quality of care and to help staff deal constructively with
30 vicarious trauma.

31 (e) Psychotherapy and case management shall be provided by
32 a single point of contact for the client, that is an individual trauma
33 specialist, with support from an integrated trauma treatment team.
34 In order to ensure the highest quality of care, the treatment team
35 shall collaboratively develop treatment plans in order to achieve
36 positive outcomes for clients.

37 (f) Services shall include assertive case management, including,
38 but not limited to, a trauma specialist accompanying the client to
39 court proceedings, medical appointments, or other community
40 appointments as needed. Case management services shall include,

1 but not be limited to, assisting clients file victim compensation
2 applications, file police reports, help with obtaining safe housing
3 and financial entitlements, linkages with medical care, assistance
4 in return to work, liaison with other community agencies, law
5 enforcement, and other support services as needed.

6 (g) Clients shall not be excluded from services solely on the
7 basis of emotional or behavioral issues resulting from trauma,
8 including, but not limited to, substance abuse problems, low initial
9 motivation, or high levels of anxiety.

10 (h) Trauma recovery services shall incorporate established
11 evidence-based practices, including, but not limited to, motivational
12 interviewing, harm reduction, seeking safety, cognitive behavioral
13 therapy, dialectical behavior, and cognitive processing therapy.

14 (i) The goals of a trauma recovery center shall be to decrease
15 psychosocial distress, minimize long-term disability, improve
16 overall quality of life, reduce the risk of future victimization, and
17 promote post-traumatic growth.

18 (j) In order to ensure that clients are receiving targeted and
19 accountable services, treatment shall be provided up to 16 sessions.
20 For those with ongoing problems and a primary focus on trauma,
21 treatment may be extended after special consideration with the
22 clinical supervisor. Extension beyond 32 sessions shall require
23 approval by a clinical steering and utilization group that considers
24 the client's progress in treatment and remaining need.

25 ~~SEC. 4. Section 13963.3 is added to the Government Code, to~~
26 ~~read:~~

27 ~~13963.3. (a) Upon appropriation of funds from the Victim~~
28 ~~Restitution Fund by the Legislature, the board shall enter into an~~
29 ~~interagency agreement with the Trauma Recovery Center of the~~
30 ~~University of California, San Francisco, to establish the State Pilot~~
31 ~~TRC as the State of California's Trauma Recovery Center of~~
32 ~~Excellence (TR-COE). This agreement shall require:~~

33 ~~(1) The board to consult with the TR-COE in developing~~
34 ~~materials and criteria for grant applications pursuant to Section~~
35 ~~13963.1.~~

36 ~~(2) The TR-COE to define the core elements of the~~
37 ~~evidence-based practice.~~

38 ~~(3) The board to consult with the TR-COE in the replication of~~
39 ~~the integrated trauma recovery services approach.~~

- 1 ~~(4) The TR-COE to assist by providing training materials,~~
2 ~~technical assistance, and ongoing consultation to the board and to~~
3 ~~each center to enable the grantees to replicate the evidence-based~~
4 ~~approach.~~
5 ~~(5) The TR-COE to assist in evaluation by designing a multisite~~
6 ~~evaluation to measure adherence to the practice and effectiveness~~
7 ~~of each center.~~
8 ~~(b) This section does not apply to the University of California~~
9 ~~unless the Regents of the University of California, by appropriate~~
10 ~~resolution, make this section applicable.~~